

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Christensen for Congress

ADDRESS (number and street)

220 W ALTA ROAD

Check if different
than previously
reported. (ACC)

Alta

WY

84341

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00607176

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

WY

00

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

07

D D /

28

Y Y Y Y /

2016

through

M M /

09

D D /

23

Y Y Y Y /

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer William O. Driskill

Signature of Treasurer

William O. Driskill

[Electronically Filed]

Date

M M /

09

D D /

23

Y Y Y Y /

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Christensen for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	42771.75	158226.83
(b) Total Contribution Refunds (from Line 20(d))	11800.00	11800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	30971.75	146426.83
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	45583.52	146731.11
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.10
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	45583.52	146731.01
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 49

Write or Type Committee Name

Christensen for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	6

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

21046.75

122467.83

(ii) Unitemized.....

2725.00

13509.00

(iii) TOTAL of contributions from individuals ▶

23771.75

135976.83

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

1000.00

4250.00

(d) The Candidate.....

18000.00

18000.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

42771.75

158226.83

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

6500.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

6500.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.10

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

42771.75

164726.93

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 49

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	45583.52	146731.11
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	6195.82	6195.82
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	6195.82	6195.82
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	11800.00	11800.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	11800.00	11800.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	63579.34	164726.93

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	20807.59
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	42771.75
25. SUBTOTAL (add Line 23 and Line 24).....	63579.34
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	63579.34
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 49

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

MR MARK BARRON

Mailing Address PO BOX 2764

City

JACKSON

State

WY

Zip Code

83001-2764

FEC ID number of contributing
federal political committee.

C

Name of Employer

HIGH COUNTRY LINEN

Occupation

SELF EMPLOYED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		12		2016

Transaction ID : SA11A.279

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

DR JOSHUA D. BECK MD

Mailing Address 2655 SHOOTIN IRON RANCH RD

City

JACKSON

State

WY

Zip Code

83001-9493

FEC ID number of contributing
federal political committee.

C

Name of Employer

TETON ORTHOPEDICS

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2050.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		12		2016

Transaction ID : SA11A.284

Amount of Each Receipt this Period

2050.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

KERRI BECK

Mailing Address 2655 SHOOTIN IRON RANCH RD

City

JACKSON

State

WY

Zip Code

83001-9493

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2050.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		12		2016

Transaction ID : SA11A.285

Amount of Each Receipt this Period

2050.00

☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5100.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 49

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

ELIZABETH A. BRIMMER**A.**

Mailing Address PO BOX 4838

City

JACKSON

State

WY

Zip Code

83001-4838

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

SELF EMPLOYED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		12		2016

Transaction ID : SA11A.281

Amount of Each Receipt this Period

1500.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROBERT CRANDALL**B.**

Mailing Address 270 YELLOW ROSE DR

City

ALTA

State

WY

Zip Code

83414-4539

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		15		2016

Transaction ID : SA11A.299

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROBERT CRANDALL**C.**

Mailing Address 270 YELLOW ROSE DR

City

ALTA

State

WY

Zip Code

83414-4539

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		15		2016

Transaction ID : SA11A.300

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 49

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

BRAD CUNDY**A.**Mailing Address **PROB 2590**

City

MILLS

State

WY

Zip Code

82604-FEC ID number of contributing
federal political committee.**C**Name of Employer
KEYHOLEOccupation
CEO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		06		2016

Transaction ID : SA11A.268

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MICHAEL ENRIGHT**B.**Mailing Address **675 EAST KELLY**

City

JACKSON

State

WY

Zip Code

83001-8548FEC ID number of contributing
federal political committee.**C**Name of Employer
SELFOccupation
PSYCHOLOGIST

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		02		2016

Transaction ID : SA11A.253

Amount of Each Receipt this Period

400.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR FOSTER FRIESS**C.**Mailing Address **PO BOX 9790**

City

JACKSON

State

WY

Zip Code

83002-9790FEC ID number of contributing
federal political committee.**C**Name of Employer
FRIESS ASSOCIATESOccupation
SELF EMPLOYED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		04		2016

Transaction ID : SA11A.262

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1900.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 49

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Christensen for Congress

A. Full Name (Last, First, Middle Initial)
MR FOSTER FRIESS

Mailing Address **PO BOX 9790**

City **JACKSON** State **WY** Zip Code **83002-9790**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FRIESS ASSOCIATES** Occupation **SELF EMPLOYED**

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt

09 / **08** / **2016**

Transaction ID : **SA11A.325**

Amount of Each Receipt this Period

1700.00

☐ Memo Item
CONTRIBUTION

PRIMARY-DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
MRS LYNNETTE FRIESS

Mailing Address **PO BOX 9790**

City **JACKSON** State **WY** Zip Code **83002-9790**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt

09 / **08** / **2016**

Transaction ID : **SA11A.326**

Amount of Each Receipt this Period

2700.00

☐ Memo Item
CONTRIBUTION

PRIMARY-DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
KAREN HANSEN

Mailing Address **8972 AVERY DRIVE**

City **VICTOR** State **ID** Zip Code **83455-5129**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
270.00

Date of Receipt

08 / **03** / **2016**

Transaction ID : **SA11A.259**

Amount of Each Receipt this Period

270.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4670.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 49

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

ROBERT JENNINGS**A.**

Mailing Address 1712 CAREY AVE

City

CHEYENNE

State

WY

Zip Code

82001-4468

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

SELF

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		09		2016

Transaction ID : SA11A.274

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

ELIZABETH LANCE**B.**

Mailing Address 1127 MIRACLE PARKWAY

City

CHEYENNE

State

WY

Zip Code

82009-1865

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		15		2016

Transaction ID : SA11A.291

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

KEN LANTTA**C.**

Mailing Address 740 WEST 55TH STREET

City

CASPER

State

WY

Zip Code

82601-6436

FEC ID number of contributing
federal political committee.

C

Name of Employer

KDL CONSULTING, LLC

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1218.83

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		05		2016

Transaction ID : SA11A.265

Amount of Each Receipt this Period

27.86

☐ Memo Item
 CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

777.86

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 49

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
---	-------------------------------------	-------------------------------------	------------------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Christensen for Congress

A. Full Name (Last, First, Middle Initial)
KEN LANTTA

Mailing Address **740 WEST 55TH STREET**

City **CASPER** State **WY** Zip Code **82601-6436**

FEC ID number of contributing federal political committee. **C**

Name of Employer **KDL CONSULTING, LLC** Occupation **OWNER**

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1218.83

Date of Receipt

M M / D D / Y Y Y Y
08 / 05 / 2016

Transaction ID : SA11A.266

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KEN LANTTA

Mailing Address **740 WEST 55TH STREET**

City **CASPER** State **WY** Zip Code **82601-6436**

FEC ID number of contributing federal political committee. **C**

Name of Employer **KDL CONSULTING, LLC** Occupation **OWNER**

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1218.83

Date of Receipt

M M / D D / Y Y Y Y
08 / 10 / 2016

Transaction ID : SA11A.276

Amount of Each Receipt this Period

48.89

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMY E. LARIMER

Mailing Address **7444 HUNTZ DR**

City **CHEYENNE** State **WY** Zip Code **82009-1838**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **CONSULTANT**

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11A.296

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

598.89

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 49

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

CHRISTY LAWTON

Mailing Address 190 MOOSE STREET

City

JACKSON

State

WY

Zip Code

83001-8589

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

SELF

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		09		2016

Transaction ID : SA11A.273

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

LORI A. MILLIN

Mailing Address 308 STETSON DR

City

CHEYENNE

State

WY

Zip Code

82009-2084

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEW YORK LIFE INSURANCE

Occupation

INSURANCE AGENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		15		2016

Transaction ID : SA11A.294

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

STEPHAN PAPPAS

Mailing Address 1500 EAST 22ND STREET

City

CHEYENNE

State

WY

Zip Code

82001-4006

FEC ID number of contributing
federal political committee.

C

Name of Employer

PAPPAS & PAPPAS ARCHITECTS

Occupation

ARCHITECT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		12		2016

Transaction ID : SA11A.278

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 49

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

MANTHA PHILLIPS**A.**

Mailing Address 880 CHENEY LOOP

City

CASPER

State

WY

Zip Code

82609-3388

FEC ID number of contributing
federal political committee.

C

Name of Employer

MERRIS GROUP

Occupation

REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		09		2016

Transaction ID : SA11A.275

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

EDWARD PROSSER**B.**

Mailing Address PO BOX 14

City

CHEYENNE

State

WY

Zip Code

82003-0014

FEC ID number of contributing
federal political committee.

C

Name of Employer

RANCHER

Occupation

SELF EMPLOYED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		15		2016

Transaction ID : SA11A.289

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

ANDREA RINIKER**C.**

Mailing Address P.O. BOX 625

City

MORAN

State

WY

Zip Code

83013-0625

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		07		2016

Transaction ID : SA11A.269

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 49

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

MR CHARLES K. SCOTT

Mailing Address 13900 STATE HWY 487

City

CASPER

State

WY

Zip Code

82604-8769

FEC ID number of contributing
federal political committee.

C

Name of Employer

STATE OF WYOMING

Occupation

STATE SENATOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		12		2016

Transaction ID : SA11A.280

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR TOM SCOTT

Mailing Address PO BOX 190

City

DAYTON

State

WY

Zip Code

82836-0190

FEC ID number of contributing
federal political committee.

C

Name of Employer

SCOTT LAND AND LIVESTOCK

Occupation

MANAGING PARTNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		04		2016

Transaction ID : SA11A.263

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MICHAEL VONFLATERN

Mailing Address 1318 COLUMBINE

City

GILLETTE

State

WY

Zip Code

82718-7617

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PILOT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		03		2016

Transaction ID : SA11A.256

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2050.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 49

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
---	-------------------------------------	-------------------------------------	------------------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Christensen for Congress

A. Full Name (Last, First, Middle Initial)
ROB WALLACE

Mailing Address 3605 CURTIS DRIVE

City State Zip Code
TETON VILLAGE WY 83025-

FEC ID number of contributing
federal political committee.

C

Name of Employer
I2 CAPITALOccupation
PARTNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 11 / 2016

Transaction ID : SA11A.277

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR JEFF WASSERBURGER

Mailing Address 4300 LONGHORN AVE

City State Zip Code
GILLETTE WY 82718-7842

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAMPBELL COUNTY SCHOOL DISTRICTOccupation
ADMINISTRATOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11A.288

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ANNALIESE A. WIEDERSPAHN

Mailing Address 3905 BENT AVE

City State Zip Code
CHEYENNE WY 82001-1132

FEC ID number of contributing
federal political committee.

C

Name of Employer
EQUIPOISE, LLCOccupation
SELF EMPLOYED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 03 / 2016

Transaction ID : SA11A.255

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1700.00

21046.75

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 49

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

UNION PACIFIC CORPORATION FUND FOR EFFECTIVE GOVERNMENT**A.**

Mailing Address 700 13TH STREET NW, SUITE 350

City

WASHINGTON

State

DC

Zip Code

20005-6621

FEC ID number of contributing
federal political committee.**C** C00010470

Name of Employer

Occupation

Receipt For: 2016

☒

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		12		2016

Transaction ID : SA11C.282

Amount of Each Receipt this Period

1000.00

☐ Memo Item**CONTRIBUTION**

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 49

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

LELAND CHRISTENSEN**A.**

Mailing Address 220W ALTA RD

City

ALTA

State

WY

Zip Code

83414-4517

FEC ID number of contributing
federal political committee.

C

Name of Employer

STATE OF WYOMING LEGISLATURE

Occupation

STATE SENATOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

18304.18

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		03		2016

Transaction ID : SA11A.258

Amount of Each Receipt this Period

4000.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

LELAND CHRISTENSEN**B.**

Mailing Address 220W ALTA RD

City

ALTA

State

WY

Zip Code

83414-4517

FEC ID number of contributing
federal political committee.

C

Name of Employer

STATE OF WYOMING LEGISLATURE

Occupation

STATE SENATOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

18304.18

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		04		2016

Transaction ID : SA11A.260

Amount of Each Receipt this Period

4000.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

LELAND CHRISTENSEN**C.**

Mailing Address 220W ALTA RD

City

ALTA

State

WY

Zip Code

83414-4517

FEC ID number of contributing
federal political committee.

C

Name of Employer

STATE OF WYOMING LEGISLATURE

Occupation

STATE SENATOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

18304.18

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		17		2016

Transaction ID : SA11A.317

Amount of Each Receipt this Period

2700.00

☐ Memo Item
 CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

10700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 49

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

LELAND CHRISTENSEN

Mailing Address 220W ALTA RD

City

ALTA

State

WY

Zip Code

83414-4517

FEC ID number of contributing
federal political committee.

C

Name of Employer

STATE OF WYOMING LEGISLATURE

Occupation

STATE SENATOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

18304.18

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		17		2016

Transaction ID : SA11A.318

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

LELAND CHRISTENSEN

Mailing Address 220W ALTA RD

City

ALTA

State

WY

Zip Code

83414-4517

FEC ID number of contributing
federal political committee.

C

Name of Employer

STATE OF WYOMING LEGISLATURE

Occupation

STATE SENATOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

18304.18

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		17		2016

Transaction ID : SA11A.319

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

LELAND CHRISTENSEN

Mailing Address 220W ALTA RD

City

ALTA

State

WY

Zip Code

83414-4517

FEC ID number of contributing
federal political committee.

C

Name of Employer

STATE OF WYOMING LEGISLATURE

Occupation

STATE SENATOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

18304.18

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		17		2016

Transaction ID : SA11A.320

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2350.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 49

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	-------------------------------------	---	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Christensen for Congress

A. Full Name (Last, First, Middle Initial)
LELAND CHRISTENSEN

Mailing Address 220W ALTA RD

City ALTA State WY Zip Code 83414-4517

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE OF WYOMING LEGISLATURE Occupation STATE SENATOR

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
18304.18

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2016

Transaction ID : SA11A.321

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LELAND CHRISTENSEN

Mailing Address 220W ALTA RD

City ALTA State WY Zip Code 83414-4517

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE OF WYOMING LEGISLATURE Occupation STATE SENATOR

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
18304.18

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2016

Transaction ID : SA11A.322

Amount of Each Receipt this Period

2700.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LELAND CHRISTENSEN

Mailing Address 220W ALTA RD

City ALTA State WY Zip Code 83414-4517

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE OF WYOMING LEGISLATURE Occupation STATE SENATOR

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
18304.18

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2016

Transaction ID : SA11A.324

Amount of Each Receipt this Period

2200.00

☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4950.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 49

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Christensen for Congress

Full Name (Last, First, Middle Initial)
LELAND CHRISTENSEN

Mailing Address **220W ALTA RD**

City State Zip Code
ALTA WY 83414-4517

FEC ID number of contributing
federal political committee.

C

Name of Employer
STATE OF WYOMING LEGISLATURE

Occupation
STATE SENATOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

18304.18

Date of Receipt

09 / 23 / 2016

Transaction ID : **SA11A.327**

Amount of Each Receipt this Period

304.18

☒ Memo Item
CONTRIBUTION

OUTSTANDING BALANCE OF LOAN CONVERTED
TO CONTRIBUTION. SEE SCHEDULE C

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

18000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 49

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. HUNTER CHRISTENSEN

Mailing Address 220 WEST ALTA RD.

City	State	Zip Code
ALTA	WY	83414

Purpose of Disbursement
TRAVEL/FOOD/BEVERAGE/EQUIP PURCHASE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		15		2016

Amount of Each Disbursement this Period

461.94

☐ Memo Item

Transaction ID : SB17-0.0005

B. ALDRICH'S

Mailing Address PO BOX 985

City	State	Zip Code
POWELL	WY	82435

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		15		2016

Amount of Each Disbursement this Period

8.21

☒ Memo Item

Transaction ID : SB17-1.0009

C. ARBYS

Mailing Address 2720 S DOUGLAS HWY

City	State	Zip Code
GILLETTE	WY	82718

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		15		2016

Amount of Each Disbursement this Period

2.36

☒ Memo Item

Transaction ID : SB17-1.0007

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

461.94

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 49

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. EXXON

Mailing Address 8116 HWY 789

City	State	Zip Code
LANDER	WY	82520

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 15 / 2016

Amount of Each Disbursement this Period

62.98

☒ Memo Item

Transaction ID : SB17-1.0010

B. LITTLE CAESARS

Mailing Address 1104 N FEDERAL

City	State	Zip Code
RIVERTON	WY	82501

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 15 / 2016

Amount of Each Disbursement this Period

6.29

☒ Memo Item

Transaction ID : SB17-1.0013

C. LOAF N JUG

Mailing Address 2800 SOUTH HWY 59

City	State	Zip Code
GILLETTE	WY	82718

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 15 / 2016

Amount of Each Disbursement this Period

15.60

☒ Memo Item

Transaction ID : SB17-1.0008

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 49

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. LOS GABANES

Mailing Address 546 GREYBULL AVE

City	State	Zip Code
GREYBULL	WY	82426

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 15 / 2016

Amount of Each Disbursement this Period

34.63

☒ Memo Item

Transaction ID : SB17-1.0006

B. LOWE'S

Mailing Address 1608 PRARIE AVE

City	State	Zip Code
CHEYENNE	WY	82009

Purpose of Disbursement
EQUIPMENT PURCHASE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 15 / 2016

Amount of Each Disbursement this Period

67.07

☒ Memo Item

Transaction ID : SB17-1.0005

C. MCDONALDS

Mailing Address 506 CAMEL DR

City	State	Zip Code
GILLETTE	WY	82716

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 15 / 2016

Amount of Each Disbursement this Period

27.34

☒ Memo Item

Transaction ID : SB17-1.0004

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 49

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. PRO BUILD

Mailing Address 1938 SHERIDAN AVE

City	State	Zip Code
CODY	WY	82414

Purpose of Disbursement
EQUIPMENT PURCHASE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		15		2016

Amount of Each Disbursement this Period

65.48

☒ Memo Item

Transaction ID : SB17-1.0012

B. SUBWAY

Mailing Address 1088 WEST PINE ST

City	State	Zip Code
PINEDALE	WY	82941

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		15		2016

Amount of Each Disbursement this Period

14.92

☒ Memo Item

Transaction ID : SB17-1.0015

C. VALLEY LUMBER AND SUPPLY INC

Mailing Address 290 NORTH 2ND ST

City	State	Zip Code
LANDER	WY	82520

Purpose of Disbursement
EQUIPMENT PURCHASE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		15		2016

Amount of Each Disbursement this Period

72.71

☒ Memo Item

Transaction ID : SB17-1.0011

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 49

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. WALMART

Mailing Address 2032 DELL RANGE BLVD

City	State	Zip Code
CHEYENNE	WY	82009

Purpose of Disbursement
EQUIPMENT PURCHASE

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	Primary	General
	Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 15 / 2016

Amount of Each Disbursement this Period

84.35

☒ Memo Item

Transaction ID : SB17-1.0014

B. LELAND CHRISTENSEN

Mailing Address 220 WEST ALTA RD.

City	State	Zip Code
ALTA	WY	83414

Purpose of Disbursement
TRAVEL/FOOD/BEVERAGE

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	Primary	General
	Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 15 / 2016

Amount of Each Disbursement this Period

81.62

☐ Memo Item

Transaction ID : SB17-0.0004

c. BIG D

Mailing Address 1561 SNOWY RIDGE RD

City	State	Zip Code
LARAMIE	WY	82070

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	Primary	General
	Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 15 / 2016

Amount of Each Disbursement this Period

40.43

☒ Memo Item

Transaction ID : SB17-1.0003

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

81.62

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 49

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. EXXON

Mailing Address 8116 HWY 789

City	State	Zip Code
LANDER	WY	82520

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	Primary	General
	Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 15 / 2016

Amount of Each Disbursement this Period

31.88

☒ Memo Item

Transaction ID : SB17-1.0002

B. MCDONALDS

Mailing Address 506 CAMEL DR

City	State	Zip Code
GILLETTE	WY	82716

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	Primary	General
	Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 15 / 2016

Amount of Each Disbursement this Period

9.31

☒ Memo Item

Transaction ID : SB17-1.0001

C. WYATT CHRISTENSEN

Mailing Address 220 WEST ALTA RD.

City	State	Zip Code
ALTA	WY	83414

Purpose of Disbursement
TRAVEL/FOOD/BEVERAGE/EQUIP PURCHASE

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	Primary	General
	Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 15 / 2016

Amount of Each Disbursement this Period

394.65

☐ Memo Item

Transaction ID : SB17-0.0006

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

394.65

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 49

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. BASIN TRAVEL

Mailing Address 111 N MAIN

City	State	Zip Code
DRIGGS	ID	83422

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 15 / 2016

Amount of Each Disbursement this Period

64.03

☒ Memo Item

Transaction ID : SB17-1.0024

B. BLOEDORN LUMBER

Mailing Address 1902 BIG HORN AVE

City	State	Zip Code
CODY	WY	82414

Purpose of Disbursement
EQUIPMENT PURCHASE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 15 / 2016

Amount of Each Disbursement this Period

55.02

☒ Memo Item

Transaction ID : SB17-1.0025

C. BURGER KING

Mailing Address 37 SWIFT CREEK LANE

City	State	Zip Code
AFTON	WY	83110

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 15 / 2016

Amount of Each Disbursement this Period

11.71

☒ Memo Item

Transaction ID : SB17-1.0018

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 49

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. CENEX-BIG HORN COOP

Mailing Address 1157 NORTH FEDERAL

City	State	Zip Code
RIVERTON	WY	82501

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		15		2016

Amount of Each Disbursement this Period

54.34

☒ Memo Item

Transaction ID : SB17-1.0020

B. EXXON

Mailing Address 8116 HWY 789

City	State	Zip Code
LANDER	WY	82520

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		15		2016

Amount of Each Disbursement this Period

20.00

☒ Memo Item

Transaction ID : SB17-1.0019

c. GOOD 2 GO

Mailing Address 221 YELLOWSTONE AVE

City	State	Zip Code
CODY	WY	82414

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		15		2016

Amount of Each Disbursement this Period

45.76

☒ Memo Item

Transaction ID : SB17-1.0022

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 49

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. LOAF N JUG

Mailing Address 2800 SOUTH HWY 59

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		15		2016

City	State	Zip Code
GILLETTE	WY	82718

Amount of Each Disbursement this Period

88.91

Purpose of Disbursement
FOOD/BEVERAGE/TRAVELCategory/
Type☒ Memo Item

Transaction ID : SB17-1.0023

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. MCDONALDS

Mailing Address 506 CAMEL DR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		15		2016

City	State	Zip Code
GILLETTE	WY	82716

Amount of Each Disbursement this Period

16.71

Purpose of Disbursement
FOOD/BEVERAGECategory/
Type☒ Memo Item

Transaction ID : SB17-1.0016

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. THE MAIN BAGEL

Mailing Address 2610 S DOUGLAS HWY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		15		2016

City	State	Zip Code
GILLETTE	WY	82718

Amount of Each Disbursement this Period

19.40

Purpose of Disbursement
FOOD/BEVERAGECategory/
Type☒ Memo Item

Transaction ID : SB17-1.0017

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 49

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. WALMART

Mailing Address 2032 DELL RANGE BLVD

City	State	Zip Code
CHEYENNE	WY	82009

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	Primary	General
	Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 15 / 2016

Amount of Each Disbursement this Period

18.77

☒ Memo Item

Transaction ID : SB17-1.0021

B. KEN LANTTA

Mailing Address 740 WEST 55TH ST

City	State	Zip Code
CASPER	WY	82601

Purpose of Disbursement
IN-KIND MILEAGE

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	Primary	General
	Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 05 / 2016

Amount of Each Disbursement this Period

27.86

☐ Memo Item

Transaction ID : SB17-0.0009

C. KEN LANTTA

Mailing Address 740 WEST 55TH ST

City	State	Zip Code
CASPER	WY	82601

Purpose of Disbursement
IN-KIND MILEAGE

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	Primary	General
	Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 10 / 2016

Amount of Each Disbursement this Period

48.89

☐ Memo Item

Transaction ID : SB17-0.0015

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

76.75

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 49

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. STEPHANOS PAPADOPOULOS

Mailing Address 6489 JAKER CT

City	State	Zip Code
CHEYENNE	WY	82009

Purpose of Disbursement
GRASSROOTS CONSULTING/FIELD WORK

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	Primary	General
	Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 17 / 2016

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Transaction ID : SB17-0.0020

B. GRANT RODGERS

Mailing Address PO BOX 606

City	State	Zip Code
JACKSON	WY	83001

Purpose of Disbursement
TRAVEL/FOOD/BEVERAGE/EQUIP PURCHASE

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	Primary	General
	Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 10 / 2016

Amount of Each Disbursement this Period

781.77

☐ Memo Item

Transaction ID : SB17-0.0014

C. ARBYS

Mailing Address 2720 S DOUGLAS HWY

City	State	Zip Code
GILLETTE	WY	82718

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	Primary	General
	Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 10 / 2016

Amount of Each Disbursement this Period

8.43

☒ Memo Item

Transaction ID : SB17-1.0028

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2781.77

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 49

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. BURGER KING

Mailing Address 37 SWIFT CREEK LANE

City	State	Zip Code
AFTON	WY	83110

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 10 / 2016

Amount of Each Disbursement this Period

7.50

☒ Memo Item

Transaction ID : SB17-1.0027

B. CENEX-BIG HORN COOP

Mailing Address 1157 NORTH FEDERAL

City	State	Zip Code
RIVERTON	WY	82501

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 10 / 2016

Amount of Each Disbursement this Period

137.53

☒ Memo Item

Transaction ID : SB17-1.0036

C. DON PEDRO'S

Mailing Address 205 BEAR RIVER DR

City	State	Zip Code
EVANSTON	WY	82930

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 10 / 2016

Amount of Each Disbursement this Period

15.49

☒ Memo Item

Transaction ID : SB17-1.0032

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 49

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. ENTERPRISE RENT-A-CAR

Mailing Address 1250 E AIRPORT RD

City	State	Zip Code
JACKSON	WY	83001

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		10		2016

Amount of Each Disbursement this Period

285.00

☒ Memo Item

Transaction ID : SB17-1.0037

B. EXXON

Mailing Address 8116 HWY 789

City	State	Zip Code
LANDER	WY	82520

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		10		2016

Amount of Each Disbursement this Period

140.06

☒ Memo Item

Transaction ID : SB17-1.0035

C. HEART & SOUL

Mailing Address 27 E PINE ST

City	State	Zip Code
JACKSON	WY	82941

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		10		2016

Amount of Each Disbursement this Period

13.96

☒ Memo Item

Transaction ID : SB17-1.0030

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 49

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. LOWE'S

Mailing Address 1608 PRARIE AVE

City	State	Zip Code
CHEYENNE	WY	82009

Purpose of Disbursement
EQUIPMENT PURCHASE

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	Primary	General
	Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 10 / 2016

Amount of Each Disbursement this Period

93.28

☒ Memo Item

Transaction ID : SB17-1.0034

B. MCDONALDS

Mailing Address 506 CAMEL DR

City	State	Zip Code
GILLETTE	WY	82716

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	Primary	General
	Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 10 / 2016

Amount of Each Disbursement this Period

31.51

☒ Memo Item

Transaction ID : SB17-1.0026

C. QUIZNOS

Mailing Address 1325 S HIGHWAY 89

City	State	Zip Code
JACKSON HOLE	WY	83001

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	Primary	General
	Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 10 / 2016

Amount of Each Disbursement this Period

11.02

☒ Memo Item

Transaction ID : SB17-1.0033

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 49

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. STACY ANN'S CAFE

Mailing Address 95 E RAILROAD ST

City	State	Zip Code
GREEN RIVER	WY	82935

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		10		2016

Amount of Each Disbursement this Period

23.48

☒ Memo Item

Transaction ID : SB17-1.0031

B. WENDYS

Mailing Address 525 W BROADWAY

City	State	Zip Code
JACKSON	WY	83001

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		10		2016

Amount of Each Disbursement this Period

14.51

☒ Memo Item

Transaction ID : SB17-1.0029

C. GRANT RODGERS

Mailing Address PO BOX 606

City	State	Zip Code
JACKSON	WY	83001

Purpose of Disbursement
GRASSROOTS CONSULTING/FIELD WORK

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		17		2016

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Transaction ID : SB17-0.0022

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 49

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. GRANT RODGERS

Mailing Address PO BOX 606

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2016

City	State	Zip Code
JACKSON	WY	83001

Amount of Each Disbursement this Period

900.00

Purpose of Disbursement
GRASSROOTS CONSULTING/FIELD WORKCategory/
Type☐ Memo Item

Transaction ID : SB17-0.0026

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. AMBI

Mailing Address PO BOX 2951

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		10		2016

City	State	Zip Code
CASPER	WY	82602

Amount of Each Disbursement this Period

1392.96

Purpose of Disbursement
POSTAGE/PRINTINGCategory/
Type☐ Memo Item

Transaction ID : SB17-0.0003

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. AMBI

Mailing Address PO BOX 2951

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		19		2016

City	State	Zip Code
CASPER	WY	82602

Amount of Each Disbursement this Period

1634.91

Purpose of Disbursement
POSTAGE/PRINTINGCategory/
Type☐ Memo Item

Transaction ID : SB17-0.0023

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3927.87

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 49

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address PO BOX 53852

City	State	Zip Code
PHOENIX	AZ	85072

Purpose of Disbursement
MERCHANT PROCESSING FEES

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	Primary	General
	Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 05 / 2016

Amount of Each Disbursement this Period

77.65

☐ Memo Item

Transaction ID : SB17-0.0010

B. AMERICAN EXPRESS

Mailing Address PO BOX 53852

City	State	Zip Code
PHOENIX	AZ	85072

Purpose of Disbursement
MERCHANT PROCESSING FEES

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	Primary	General
	Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
09 / 06 / 2016

Amount of Each Disbursement this Period

10.57

☐ Memo Item

Transaction ID : SB17-0.0028

C. CMDIMailing Address 1593 SPRING HILL RD
SUITE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement
DATA ENTRY SVC

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	Primary	General
	Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
07 / 29 / 2016

Amount of Each Disbursement this Period

55.70

☐ Memo Item

Transaction ID : SB17-0.0001

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

143.92

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 49

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. CMDIMailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA ENTRY SVC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		08		2016

Amount of Each Disbursement this Period

798.00

☐ Memo Item

Transaction ID : SB17-0.0008

B. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA ENTRY SVC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2016

Amount of Each Disbursement this Period

239.14

☐ Memo Item

Transaction ID : SB17-0.0011

C. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA ENTRY SVC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		19		2016

Amount of Each Disbursement this Period

626.70

☐ Memo Item

Transaction ID : SB17-0.0025

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1663.84

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 49

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. CMDIMailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA ENTRY SVC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
08	26	2016

Amount of Each Disbursement this Period

86.10

☐ Memo Item

Transaction ID : SB17-0.0027

B. CMDIMailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA ENTRY SVC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
09	12	2016

Amount of Each Disbursement this Period

400.00

☐ Memo Item

Transaction ID : SB17-0.0029

C. COMMONWEALTH CONSULTING

Mailing Address 9771 W 71ST AVE

City ARVADA State CO Zip Code 80004

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
08	15	2016

Amount of Each Disbursement this Period

548.25

☐ Memo Item

Transaction ID : SB17-0.0016

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1034.35

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 49

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. COMMONWEALTH CONSULTING

Mailing Address 9771 W 71ST AVE

City	State	Zip Code
ARVADA	CO	80004

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 15 / 2016

Amount of Each Disbursement this Period

2294.25

☐ Memo Item

Transaction ID : SB17-0.0018

B. COMPLIANCE CONSULTING, LLC

Mailing Address PO BOX 365

City	State	Zip Code
MCLEAN	VA	22101

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 15 / 2016

Amount of Each Disbursement this Period

2100.00

☐ Memo Item

Transaction ID : SB17-0.0002

C. INTUIT

Mailing Address 2700 COAST AVE

City	State	Zip Code
MOUNTAIN VIEW	CA	94043

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 17 / 2016

Amount of Each Disbursement this Period

18.86

☐ Memo Item

Transaction ID : SB17-0.0019

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

4413.11

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 49

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2700 COAST AVE

City	State	Zip Code
MOUNTAIN VIEW	CA	94043

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		19		2016

Amount of Each Disbursement this Period

26.95

☐ Memo Item

Transaction ID : SB17-0.0030

B. MAMMOTH MARKETING GROUP LLC

Mailing Address 905 NUECES ST

City	State	Zip Code
AUSTIN	TX	78701

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		15		2016

Amount of Each Disbursement this Period

2746.25

☐ Memo Item

Transaction ID : SB17-0.0013

C. ORR COMMUNICATIONS

Mailing Address 3421 WARREN AVE

City	State	Zip Code
CHEYENNE	WY	82001

Purpose of Disbursement
GRASSROOTS CONSULTING/WEB SERVICE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2016

Amount of Each Disbursement this Period

11309.00

☐ Memo Item

Transaction ID : SB17-0.0007

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

14082.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 49

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. ORR COMMUNICATIONS

Mailing Address 3421 WARREN AVE

City	State	Zip Code
CHEYENNE	WY	82001

Purpose of Disbursement
GRASSROOTS CONSULTING/WEB SERVICE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 09 / 2016

Amount of Each Disbursement this Period

7600.00

☐ Memo Item

Transaction ID : SB17-0.0012

B. ORR COMMUNICATIONS

Mailing Address 3421 WARREN AVE

City	State	Zip Code
CHEYENNE	WY	82001

Purpose of Disbursement
GRASSROOTS CONSULTING/WEB SERVICE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 12 / 2016

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Transaction ID : SB17-0.0017

C. REVOLUTIONS DELIVERED LLCMailing Address 106 EAST LINCOLNWAY
SUITE 309

City	State	Zip Code
CHEYENNE	WY	82001

Purpose of Disbursement
GRASSROOTS CONSULTING/FIELD WORK

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 17 / 2016

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Transaction ID : SB17-0.0021

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

13100.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 49

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. THREE ELEPHANT PUBLIC RELATIONS

Mailing Address 6455 SPRING GULCH ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		19		2016

City	State	Zip Code
JACKSON	WY	83001

Amount of Each Disbursement this Period

421.50

Purpose of Disbursement
WEB SERVICE/DELIVERYCategory/
Type☐ Memo Item

Transaction ID : SB17-0.0024

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type☐ Memo Item

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type☐ Memo Item

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

421.50

45583.52

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 49

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. LELAND CHRISTENSEN

Mailing Address 220 WEST ALTA RD.

City	State	Zip Code
ALTA	WY	83414

Purpose of Disbursement
LOAN REPAYMENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		13		2016

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Transaction ID : SB19-0.0001

B. LELAND CHRISTENSEN

Mailing Address 220 WEST ALTA RD.

City	State	Zip Code
ALTA	WY	83414

Purpose of Disbursement
LOAN REPAYMENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		13		2016

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Transaction ID : SB19-0.0001_B

C. LELAND CHRISTENSEN

Mailing Address 220 WEST ALTA RD.

City	State	Zip Code
ALTA	WY	83414

Purpose of Disbursement
LOAN REPAYMENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		23		2016

Amount of Each Disbursement this Period

3195.82

☐ Memo Item

Transaction ID : SB19-0.0002

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6195.82

6195.82

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 49

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. JACK B BINIONMailing Address 3605 S TOWN CENTER DR
SUITE A

City LAS VEGAS State NV Zip Code 89135

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		17		2016

Amount of Each Disbursement this Period

2700.00

☐ Memo Item

Transaction ID : SB20a-1.002

B. PHYLLIS M COPEMailing Address 3605 S TOWN CENTER DR
SUITE A

City LAS VEGAS State NV Zip Code 89135

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		17		2016

Amount of Each Disbursement this Period

2700.00

☐ Memo Item

Transaction ID : SB20a-1.003

C. ROBERT MODEL

Mailing Address PO BOX 158

City CODY State WY Zip Code 82414

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		17		2016

Amount of Each Disbursement this Period

2700.00

☐ Memo Item

Transaction ID : SB20a-1.005

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

8100.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 49

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. JOHN P SHELTONMailing Address 502 WAVERLY ST
SUITE 302

City PALO ALTO State CA Zip Code 94301

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		17		2016

Amount of Each Disbursement this Period

2700.00

☐ Memo Item

Transaction ID : SB20a-1.004

B. J L WILSON

Mailing Address 625 GREENVILLE RD

City ALTA State WY Zip Code 83414

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		17		2016

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Transaction ID : SB20a-1.001

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3700.00

11800.00

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 46 OF 49

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC01

Christensen for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

LELAND CHRISTENSEN

Election: 2016

☒ Primary
☐ General
☐ Other (specify) ▼Mailing Address
220 W ALTA RD

City	State	ZIP Code
ALTA	WY	83414

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4500.00	4500.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 02 / D 29 / Y 2016	M / D / ON DEMAND	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00

SUBTOTALS This Period This Page (optional)..... ►

0.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+19A-N5HCB
.

Form/Schedule: SC/10
Transaction ID : SC01

CANDIDATE LOAN FROM PERSONAL FUNDS. SEE SCHEDULE B, LINE 19A FOR LOAN REPAYMENTS
TOTALING \$4195.82. OUTSTANDING BALANCE OF LOAN, \$304.18, CONVERTED TO CONTRIBUTION; SEE
LINE 11D.

Form/Schedule:
Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

PAGE 48 OF 49

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC01_B

Christensen for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

LELAND CHRISTENSEN

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
220 W ALTA RD

City	State	ZIP Code
ALTA	WY	83414

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="2000.00"/>	<input type="text" value="2000.00"/>	<input type="text" value="0.00"/>

TERMS

Date Incurred

M 03 / D 31 / Y 2016 Y

Date Due

M M / D D / Y ON DEMAND Y

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value="0.00"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value="0.00"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value="0.00"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value="0.00"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SC/10

Transaction ID : SC01_B

CANDIDATE LOAN FROM PERSONAL FUNDS. REPAYMENT OF LOAN IN FULL. SEE LINE 19A.

Form/Schedule:

Transaction ID: